

Entered -04-26-00 - sb
CL 00L0244 - GWENDOLYN BURNS

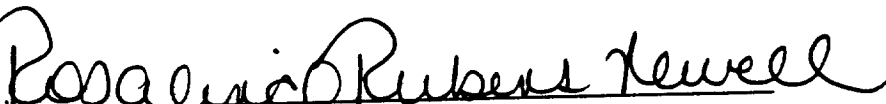
CLAIM OF:

BARBARA P. GRANT
3574 Ingledale Road
Atlanta, Georgia 30331

01-*R*-1846

For damages alleged to have been sustained when a drain pipe was damaged during the removal of debris by city workers on June 19, 2000 at 3574 Ingledale Drive, SW.

THIS ADVERSED REPORT IS
APPROVED

BY: 
ROSALIND RUBENS NEWELL
DEPUTY CITY ATTORNEY

DEPARTMENT OF LAW - CLAIM INVESTIGATION SUMMARY

Claim No. 00L0244

Date: October 30, 2001

Claimant /Victim BARBARA P. GRANT
BY: (Atty) (Ins. Co.) _____
Address: 3574 Ingledale Drive, SW, Atlanta, Georgia 30331
Subrogation: _____ Claim for Property damage \$ unspecified Bodily Injury \$ _____
Date of Notice: 4/7/00 Method: Written, Proper X Improper _____
Conforms to Notice: O.C.G.A. §36-33-5 X Ante Litem (6 Mo.) X
Date of Occurrence 6/19/00 Place: 3574 Ingledale Drive, SW
Department PUBLIC WORKS Division SOLID WASTE SERVICES
Employee involved _____ Disciplinary Action: _____

NATURE OF CLAIM: Claimant sustained property damage when her drain pipe located in her yard was damaged by city sanitation workers during their removal of debris from her property. However, claimant has failed to substantiate and pursue her claim.

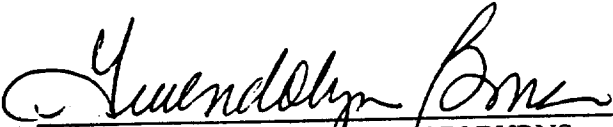
INVESTIGATION:

Statements: City employee _____ Claimant _____ Others _____ Written _____ Oral _____
Pictures _____ Diagrams _____ Reports: Police _____ Dept Report _____ Other X
Traffic citations issued: City Driver _____ Claimant Driver _____
Citation disposition: City Driver _____ Claimant Driver _____

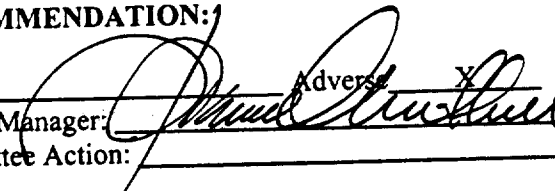
BASIS OF RECOMMENDATION:

Function: Governmental X Ministerial _____
Improper Notice _____ More than Six Months _____ Other X Damages reasonable _____
City not involved _____ Offer rejected _____ Compromise settlement _____
Repair/replacement by Ins. Co. _____ Repair/replacement by City Forces _____
Claimant Negligent _____ City Negligent _____ Joint _____ Claim Abandoned X

Respectfully submitted,


INVESTIGATOR - GWENDOLYN BURNS

RECOMMENDATION:

Pay \$ _____ Adverse X Account charged: 1A01 _____ 2J01 _____ 2H01 _____
Claims Manager:  Concur/date 10-31-01
Committee Action: _____ Council Action _____

COUNCIL OF THE CITY OF ATLANTA
MUNICIPAL CLERK
City Hall
55 Trinity Avenue, S.W.
Atlanta, Georgia 30335

RE: CLAIM FOR DAMAGES

Today's Date: 3/29/00

BURNS
04/20/00
P

Dear Municipal Clerk:

04-07-00 P04:44 IN
ENTERED - 04/26/00 - tew
00L0244 - GWEN BURNS

This is to notify the City of Atlanta that I have suffered damages in the amount sum of \$ _____ property and/or \$ _____ bodily injury for which I contend the City is liable.

1. Date of incident: 2-19-00 (month/day/year) 2. Police called: Yes No
3. Location of incident: 3574 INGLEDALE DR. SW
4. Name of your insurance company: _____ Policy No. _____
5. State what and how incident occurred: CITY WAS PICKING UP TREE BRANCHES FROM ICE STORM AND DAMAGED DRAIN PIPE IN FRONT YARD.

6. ALL ESTIMATES AND DAMAGES ARE SUBJECT TO INSPECTION. THE MAKING OF FALSE CLAIMS WILL RESULT IN YOUR CLAIM BEING DENIED AND MAY RESULT IN CRIMINAL PROSECUTION!

7. The registered owner must make the claim for vehicle damages, complete the following and attach two (2) estimates of repair and proof of ownership of your vehicle (copy of the current tag receipt or title).

Your vehicle: _____
(make) (year) (tag number) (driver's name)

City vehicle: _____
(make) (City driver's name) (department/bureau)

8. Witness: _____
(name) (address) (telephone number)

9. The acknowledgement of this claim in no way waives the Sovereign immunity of the City of Atlanta, as granted by State law, nor is it an admission of liability on behalf of the City of Atlanta and/or its employee(s).

10. This claim should be mailed immediately to the address shown above.

I HEREBY SWEAR OR AFFIRM THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

BARBARA P. GRANT
(claimant's name)
3574 INGLEDALE DR.
(address)
ATLANTA, GA 30331
(city and state)
(4) 616-6719 (4) 344-6831
(work number) (home number)